

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

1999 Medical Expenditure Panel Survey
Insurance Component
HEALTH INSURANCE COST STUDY
PLAN INFORMATION QUESTIONNAIRE

Please correct errors in name, address, and ZIP Code.
ENTER number and street if not shown.

PLAN INFORMATION

FOR CENSUS USE ONLY

100

For your government unit, please answer these questions for the health plan with the *(largest/next largest)* enrollment.

- 1a.** For 1999, what was the name of the health insurance plan with the *(largest/next largest)* enrollment of active employees?

012

Name of plan

- 2.** Was this plan **purchased** from an insurance underwriter or was it **self-insured** by your organization?

105

- 1 ☐ Purchased from an insurance underwriter – **SKIP TO 4 ON PAGE 2.**
2 ☐ Self insured

- 3.** Was this plan self-administered or did your government unit employ an insurance company or other administrator?

106

- 1 ☐ Self-administered
2 ☐ Insurance company or other administrator – **SKIP TO 6 ON PAGE 2.**

PLAN INFORMATION – Continued

4. Did your government unit purchase stop-loss coverage?

¹⁰⁷ ¹ ☐ Yes

² ☐ No

5. What was the name of the insurance company or carrier providing this plan?

¹⁰²

Name of insurance carrier

6. Which type of health care provider was available through *(fill plan name)*? Were the providers –

<READ CATEGORIES TO RESPONDENT & MARK (X) ONLY ONE>

DO NOT READ TERMS IN
PARENTHESES

¹⁰³ ¹ ☐ Exclusive providers the **enrollee must use** in non-emergency situations, (HMO, IPA, EPO)

² ☐ Any providers the **enrollee chooses** on a fee-for-service basis, or (CONVENTIONAL, INDEMNITY)

³ ☐ A mixture of preferred providers and any providers, where the enrollee pays one fee when using a provider associated with the plan and a **slightly higher fee** if he or she goes to a provider **outside the preferred group** (PPO, POS)

7. Did this plan **require** that the enrollee see a primary-care physician in order to be referred to a specialist?

¹⁰⁴ ¹ ☐ Yes

² ☐ No

PLAN INFORMATION – Continued

7a. Was single coverage offered under this plan?

- 552 1 ☐ Yes
2 ☐ No – **SKIP TO 8a**

7b. For this plan, how much did **one typical** employee with **single coverage** contribute toward his or her own premium?

132 \$ _____ .00 Employee contribution – Single
<MARK (X) ONLY ONE>
1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

7c. What was the (*If self-insured 'monthly premium equivalent', else, 'total premium'*) for this typical employee with single coverage, including both the employer and employee contributions?

130 \$ _____ .00 **Total premium – Single**

<ASK OR VERIFY>

7d. For which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, or yearly?

<MARK (X) ONLY ONE>
133 1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

8a. Was family coverage offered under this plan?

- 137 1 ☐ Yes
2 ☐ No – **SKIP TO 9 ON PAGE 4**

8b. For this plan, how much did **one typical** employee with **family coverage** contribute toward his or her own premium?

READ IF NECESSARY: If cost varies by family size, report for a typical family of four.

136 \$ _____ .00 Employee contribution – Family
<MARK (X) ONLY ONE>
1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

8c. What was the (*If self-insured, 'monthly premium equivalent', else, 'total premium'*) for this typical employee with family coverage, including both the employer and employee contributions?

134 \$ _____ .00 **Total premium – Family**

<ASK OR VERIFY>

8d. For which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, or yearly?

<MARK (X) ONLY ONE>
553 1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

PLAN INFORMATION – Continued

9. Did this plan have a deductible?

- 151 ¹ ☐ Yes
 ² ☐ No

10. Which of the following services were covered under this plan for the 1999 plan year:

<READ CATEGORIES>

	Yes (1)	No (2)	Don't know (3)
165 <input type="checkbox"/> Adult routine physical exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166 <input type="checkbox"/> Routine pap smears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 <input type="checkbox"/> Well baby care, under 1 year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 <input type="checkbox"/> Routine dental care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 <input type="checkbox"/> Inpatient mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11a. How many active employees were enrolled in this plan, at this government unit, during a typical pay period in 1999?

125

_____ Active employees enrolled

11b. What percentage of these enrolled employees had **single coverage**?

542

_____ % of active employees enrolled in single coverage

OR

129

_____ Number of active employees enrolled in single coverage

END

<DO NOT READ ALOUD>

- IF THERE IS A SECOND (OR THIRD) PLAN FOR THIS GOVERNMENT UNIT – GO TO ANOTHER MEPS-11GF(S) QUESTIONNAIRE FOR THAT PLAN.
- IF YOU HAVE ALREADY COLLECTED INFORMATION FOR THREE PLANS FOR THIS GOVERNMENT UNIT – END THE INTERVIEW
- IF THERE ARE NO MORE PLANS FOR THIS GOVERNMENT UNIT – END THE INTERVIEW

THANK YOU

This concludes the Health Insurance Cost Study. Thank you very much for your time and cooperation.

500 Remarks